

TRAVEL VOUCHER SPECIAL FUNDS

NAME OF PAYEE C. C. STATION Washington
ADDRESS _____

I HEREBY CLAIM REIMBURSEMENT FOR PER DIEM IN LIEU OF SUBSISTENCE, TRAVEL AND OTHER EXPENSES INCURRED BY ME IN THE DISCHARGE OF OFFICIAL DUTIES FOR THE PERIOD FROM 30 June 19 46 TO 1 July 46 19 46 INCLUSIVE, AS PER ITEMIZED STATEMENT HEREON. THE JUSTIFICATION AND AUTHORITY FOR THIS CLAIM IS AS FOLLOWS:

See attachments.

AMOUNT CLAIMED
(SEE REVERSE SIDE FOR COMPLETE ITINERARY AND DETAILED ITEMIZATION OF EXPENSES)

PER DIEM See reverse side 10.00
TRAVEL AND INCIDENTAL EXPENSES _____
OTHER 5.30
TOTAL 15.30

I CERTIFY that the expenses itemized on this voucher were necessarily incurred by me in connection with official business of a confidential nature, and that I have not been, nor will I be, reimbursed therefor from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects. To be charged to F-805.

1 July 1946

DATE

SIGNATURE OF PAYEE

APPROVAL

1 July 1946

DATE

SIGNATURE OF APPROVING OFFICER

CERTIFICATION

I CERTIFY that this voucher has been examined by me; that receipts or other substantiating data have been furnished me, or satisfactory explanation made for the failure to furnish same; that it appears from such data that the itemized expenditures were for necessary official purposes, reimbursement for which is allowable under existing regulations; and that such expenditures are properly chargeable to available appropriations as indicated below.

DATE

SIGNATURE OF AUTHORIZED CERTIFYING OFFICER

ACCOUNTING CLASSIFICATION

APPROPRIATION 2 ALLOTMENT PROJECT BRANCH OR DIVISION OTHER

FORM NO. 23-12
JAN 1947

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE METHOD EXEMPTION 382E
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2006

INSTRUCTIONS:

1. SHOW ITINERARY, TIME OF DEPARTURE, FROM AND ARRIVAL AT EACH POINT, IN CHRONOLOGICAL ORDER.
2. COMPUTATION OF PER DIEM SHOULD BE BASED UPON ITINERARY.
3. ITEMIZE TRAVEL AND INCIDENTAL EXPENSES BY DAY AND FULLY EXPLAIN.

(USE ADDITIONAL SHEETS IF NECESSARY)